

FRATERNAL SOCIETIES

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____
REQUIRED FILINGS IN THE STATE OF: NEW JERSEY **Filings Made During the Year 2005**

(1) Check -list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE* *	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2"x14")	3	1	Xxx	3/1	NAIC	Must be bound
	1.1	Printed Investment Schedule detail (Pages E01-E25)	3	1	Xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	3	1	Xxx	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 1/2"x 14")	3	1	Xxx	3/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	3	1	Xxx	4/1	NAIC	
	11	Interest Sensitive Life Insurance Products Report	3	1	Xxx	4/1	NAIC	
	12	Investment Risk Interrogatories	3	1	Xxx	4/1	NAIC	
	13	Long Term Care Experience Reporting Forms	3	1	Xxx	4/1	NAIC	
	14	Management Discussion & Analysis	3	1	Xxx	4/1	Company	
	15	Medicare Supplement Insurance Experience Exhibit	3	1	Xxx	3/1	NAIC	
	16	Risk-Based Capital Report	1	1	Xxx	3/1	NAIC	
	17	Statement of Actuarial Opinion	3	1	Xxx	3/1	Company	
	18	Statement on non-guaranteed elements – Exhibit 5 Interr. #3	3	1	Xxx	3/1	Company	
	19	Statement on participating/non-participating policies – Exhibit 5, Inter. #1	3	1	Xxx	3/1	Company	
	20	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	21	Supplement to Valuation Report	3	1	Xxx	6/30	NAIC	
	23	Trusted Surplus Statement	3	1	Xxx	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	Xxx	1	Xxx	3/1	NAIC	
	31	March .PDF Filing	Xxx	1	Xxx	3/1	NAIC	
	32	Separate Accounts Electronic Filing	Xxx	1	Xxx	3/1	NAIC	
	33	Separate Accounts .PDF Filing	Xxx	1	Xxx	3/1	NAIC	
	34	Supplemental Electronic Filing	Xxx	1	Xxx	4/1	NAIC	
	35	Supplemental .PDF Filing	Xxx	1	Xxx	4/1	NAIC	
	36	Quarterly Statement Electronic Filing	Xxx	1	Xxx	5/15, 8/15 & 11/15	NAIC	
	37	Quarterly .PDF Filing	Xxx	1	Xxx	5/15, 8/15 & 11/15		
	38	June .PDF Filing	Xxx	1	Xxx	6/1	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	1	N/A	N/A		Company	If Applicable
	52	Audited Financial Statements	1	1	1	6/1	Company	
	53	Audited Financial Statements Exemption Affidavit	1	N/A	N/A		Company	If Applicable
	54	Independent CPA	1	N/A	N/A		Company	If Applicable
	55	Notification of Adverse Financial Condition	1	N/A	N/A		Company	If Applicable
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A		Company	If Applicable
	57	Request for Exemption to File	1	N/A	N/A	12/31/03	Company	Written
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	0	0	1	3/1	State	Retaliatory only
	102	Certificate of Deposit	0	0	1	3/1	State	
	103	Certificate of Valuation	0	0	1	3/1	State	
	104	Filings Checklist (with Column 1 completed)	1	1	1	3/1	State	
	105	Premium tax	N/A	0	N/A		State	
	106	State Filing Fees	1	0	1	3/1	State	See fee letter
	107	Signed Jurat Page	3	0	1	3/1	Company	See Note L
	108	NJ Medicare Supplement Under 50 Plan	1	0	1	3/1	State	See Note O

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.
**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)
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A	Required Filings Contact Person:	Margaret P. Shaw Telephone (609) 292-5350 ext 50099 e-mail: mshaw@dobi.state.nj.us
B	Mailing Address:	P.O. BOX 325 Trenton, NJ 08625-0325
B-1	Address for delivery by UPS, FEDEX etc.	20 West State Street, 10 th Floor Trenton, NJ 08608
C	Mailing Address for Filing Fees:	Same as above
D	Mailing Address for Premium Tax Payments:	N/A
E	Delivery Instructions:	All filings must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
F	Late Filings:	Companies will be fined \$100 per day for a late filing.
G	Original Signatures:	Original signatures required on all filings from domestic companies. Foreign companies should follow the instructions from the NAIC.
H	Signature/Notarization/Certification:	President and Secretary, or in their absence, two principal officers must sign the annual statement.
I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filings, same should be followed for any amendment.
J	Exceptions from normal filings:	Foreign companies must supply a written copy of any exemption or extension received from its state of domicile at least 10 days prior to the filing due date to receive such from NJ. Domestic companies should apply at least 30 days prior to the due date.
K	Bar Codes (State or NAIC)	Not Required
L	Signed Jurat	All foreign companies must file a copy of the jurat page of its annual statement to allow New Jersey to update its database and to verify that it filed with the NAIC..
M	NONE Filings:	See NAIC Annual Statement Instructions.
N	Filings new, discontinued or modified materially since last year:	Foreign companies file electronic only with the NAIC for most documents.
O	NJ Medicare Supplement Under 50 Plan	Mail to: NJ Medicare Supplement Under 50 Plan C/o Pool Administrators 100 Great Meadow Road, Suite 112 Wethersfield, CT 06109